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Review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects

Letter dated 7 February 2001 from the Permanent Representative of Togo to the United Nations addressed to the Secretary-General

I have the honour to transmit to you herewith the document entitled "The African Consensus and Plan of Action: Leadership to overcome HIV/AIDS", adopted by the second African Development Forum held at Addis Ababa from 3 to 7 December 2000.

The Forum, which was organized by the United Nations Economic Commission for Africa, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme, the United Nations Children's Fund, the World Bank and other partners, was designed to encourage African Governments, the scientific, technological, traditional and intellectual sectors in Africa and the donor community to commit themselves to work towards halting the HIV/AIDS pandemic and mitigating its devastating effects in Africa.

I should be grateful if you would have the text of this letter and its annex* circulated as a document of the General Assembly under agenda item 179.

(*Signed*) Roland Y. **Kpotsra**

* The annex is being circulated in the languages of submission only (English and French).

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Annex to the letter dated 7 February 2001 from the Permanent Representative of Togo to the United Nations addressed to the Secretary-General

[Original: English and French]

The African Consensus and Plan of Action: Leadership to overcome HIV/AIDS

A. The Consensus

Preamble

Now is the decisive moment in Africa's struggle to overcome the continent-wide threat of HIV/AIDS. Success in overcoming the HIV/AIDS pandemic demands an exceptional personal, moral, political and social commitment on the part of every African. Leadership in the family, the community, the workplace, schools, civil society, government and at an international level is needed to halt the preventable spread of HIV/AIDS, and to provide a decent life for all citizens of Africa. Each and every one of the leadership acts necessary to prevent HIV/AIDS and to help those living with HIV/AIDS, without exception, are things we want anyway for a better, more developed Africa, and must be implemented in full and without delay. Much has been achieved. Many African communities and several entire nations have shown that it is possible to contain and reduce the spread of HIV/AIDS. Success is a reality in many places and is possible across the continent. The Africa Development Forum 2000 is a breakthrough. It represents a watershed in national leaders' readiness to address intimate personal beliefs and behaviour in a public and political manner. It marks an unprecedented collective commitment to the struggle against HIV/AIDS. With the required resources and the right leadership at all levels, we will win. Too much time has been wasted. Too many lives have been lost. Now is the moment.

1. Personal Leadership

1.1. Every individual must personally break the silence around the norms and practices that fuel the HIV/AIDS pandemic. As a citizen, leader, wife, husband, parent, child, youth, adult, worker, or employer, there are critical issues of information, attitudes and behaviour that must be learned and faced. Every person must be ready to speak openly about sexual relations and the unequal power relations within sexual relationships.

1.2. Families are the cornerstone of society. Parents have a special responsibility to educate their children from a very early age about the realities of HIV/AIDS and to socialise them into personal morality and social attitudes that will help contain the pandemic.

1.3. Each person must regard themselves as affected by the HIV/AIDS pandemic, and must acknowledge the possibility that they themselves or a loved one may become infected.

1.4. Every person must confront the reality of denial, stigmatisation and discrimination against people living with HIV/AIDS, and should embrace people living with HIV/AIDS as fellow members of their families, communities and nations.

1.5. People living with HIV/AIDS are human beings in full possession of their human rights. They must be valued as a resource in and of themselves, and as crucial allies in the common struggle to overcome HIV/AIDS. They should not be used or manipulated in the campaign against HIV/AIDS.

1.6. Each person must take responsibility for avoiding risky sexual behaviour, for protecting themselves, and for preventing the virus being transmitted to others. For many this will mean promoting and living lives of fidelity.

1.7. Youths have a personal responsibility to respond to the challenge of HIV/AIDS, in their personal lives and by setting examples to their peers.

2. Community Leadership

2.1. The struggle against HIV/AIDS will be won community by community, in every family, village, township, and settlement across Africa. Authority and resources to overcome the pandemic must be devolved to the local level.

2.2. At the community level, there should be a common struggle to overcome HIV/AIDS, with actions and strategies that combine all members and component parts of the community, resulting in a true local partnership.

2.3. People living with HIV/AIDS stand at the centre of any community efforts to overcome the pandemic, and to change attitudes to overcome denial, stigmatisation and discrimination. Their rights must be respected in full and their leadership potential recognised.

2.4. Women and girls must be empowered in their homes, workplaces, schools and communities, and provided with the cultural, legal and material means of protection from sexual abuse. Traditional leaders need to be reliable allies in protecting women from abuse. Perpetrators of sexual and domestic violence against women and children, must be prosecuted in the courts. Child- and woman-friendly family courts must be created at scale and supported.

2.5. Men's responsibilities towards women and girl children must be emphasised. Men must be a target for educational efforts with a view to their being important allies in the fight against HIV/AIDS.

2.6. Children orphaned by AIDS should be both a family and community responsibility, with the family receiving sufficient support to ensure their welfare, education and health.

2.7. Governments have a special responsibility to promote social responsibility among soldiers and other uniformed officers of the state. They must take the lead in preventing and punishing sexual crimes by these servants of the state.

2.8. All people, regardless of their sexual orientation, must have access to appropriate information about HIV prevention, access to appropriate treatment and care, and should be free of stigmatisation, discrimination and fear.

2.9. The accessibility and low price of condoms must be ensured, and people must be taught about their importance and use. Access for youth and rural dwellers is especially important.

2.10. Youth comprise over half of Africa's population, and are leaders of today and tomorrow. Youth must be clearly recognised and encouraged both as key participants and as key targets in developing and implementing HIV/AIDS action plans at all levels. Youth organisations require support and resources. The youth representatives from throughout Africa played an important part in the Forum and the Youth Statement is appended as Annex I, as an integral part of this statement.

2.11. The many different stakeholders in communities each have particular roles and responsibilities, which often need to be developed more fully, to make them full allies in the common struggle against HIV/AIDS and the support of people living with HIV/AIDS. They include:

People living with HIV/AIDS, whose involvement is essential.

Spiritual leaders, who are among the most influential community members, provide moral guidance and awareness.

Traditional healers have multiple roles including palliative care, and contribution to global research efforts in search of a cure.

Health care providers in both their roles as health educators and care givers, are crucial allies.

Women's groups are an integral component of the community. Women's leaders are educators and role models for women and girls, and can play a key role in changing the attitudes of men.

Teachers and educators, including traditional communicators, are pivotal intermediaries in influencing children and youth and are influential role models. They must be trained to teach forthrightly about sex and HIV/AIDS education.

Employers and trade unions have key roles in workplace initiatives to combat HIV/AIDS, and overcome stigmatisation and discrimination.

Elected representatives and traditional leaders should represent and be accountable to all their constituents, including PLWAs, and can play an important role in advocating for their interests and mobilising community-wide campaigns.

Older people require education and assistance to enable them to provide aid and care for PLWAs and orphans of PLWAs. Older persons must be used to provide education consonant with tradition and culture to families, communities and civic groups.

2.12 Those caring for people living with AIDS need special assistance in recognition of the special burdens and responsibilities upon them.

2.13 In sum, there is a need for total societal mobilisation at a community level, creating a robust 'social immunity' from the scourge of HIV/AIDS. This involves a seamless continuity between breaking the silence on stigma, and providing effective prevention, treatment and care.

3. National Leadership

3.1 National leaders' prime responsibility is to create the conditions for community mobilisation, across the nation, on a scale and with a commitment comparable to mobilising for war.

3.2 Many cases of impressive national efforts exist: the challenge is to replicate them and to scale them up to cover every community. This may require national leaders to commit domestic resources to HIV/AIDS programmes and to ensure that they in fact reach local groups efficiently.

3.3 National leaders' personal example can transform the moral and social climate in which HIV/AIDS can be discussed and addressed openly, and denial and stigma can be overcome.

3.4 National strategies should include scaling up the resources and systems necessary so that anti-retroviral and other essential medications can be made available to the widest possible population as rapidly as possible. This will take leadership, hard bargaining, and the mobilisation of domestic and international resources.

3.5 The status of women and girls at a national level needs special emphasis. Women must be closely involved in all components of HIV/AIDS programmes. National leaders must initiate special programmes and set up special institutions to promote the rights and initiatives of women. Inequitable gender relations and opportunities lie at the core of the HIV/AIDS pandemic. Since Africa's women leaders have demonstrated their readiness to lead on HIV/AIDS issues, the fostering of more women leaders of national and international stature is an important component of overcoming HIV/AIDS. Acknowledging the central importance of this issue, the Statement of the Gender Focus Group, Annex III, is an integral part of this statement.

3.6 National AIDS institutions and councils should be strengthened as a matter of urgency in order to assure a broad, multi-sectoral response at the national and community levels. Strong legal and regulatory frameworks are required. HIV/AIDS committees should be extended to the local level across every country. Stakeholders including PLWAs, Youth and Civil Society Organisations, must be fully involved. Best cases in Africa demonstrate that highest level political leadership of national AIDS councils is a requirement.

3.7 Effective multi-sectoral leadership requires that every sector must achieve competence on how HIV/AIDS affects its activities and how it can contribute to a multi-sectoral plan to overcome the pandemic.

The health sector, provided with suitable resources, must play a leading role in prevention, treatment and the surveillance of the pandemic. All available measures to minimise mother-to-child transmission should be utilised.

The education sector is central to effective responses to HIV/AIDS. HIV/AIDS and sex education must be in every curriculum. Schools must be models for equitable gender relations and young people must be involved in the management of school-based initiatives focusing on HIV/AIDS. All school fees and other charges required to attend government schools must be abolished to ensure that all children can enjoy their right to education. Donors should provide special support to the education sector.

Youth out of school, including street children, should be targeted and reached by appropriate strategies. Given the impact of drug abuse on the spread of HIV/AIDS, drug abuse prevention and rehabilitation programmes targeting specifically youth in and out of school should be implemented in rural and urban areas.

The social welfare sector must provide assistance to those caring for people with AIDS, and for their dependents. Assistance including counseling should be provided for orphans.

Ministries of finance should ensure adequate resource provisioning for HIV/AIDS programmes. They should reorient budgets and administrative procedures so that funds related to HIV/AIDS programmes can be managed in the most efficient manner in order to provide funds expeditiously at all germane levels.

The trade, industry, mining sectors must shoulder their responsibilities for minimising transmission of HIV and for non-discriminatory employment practices. Business and labour should be involved in developing and implementing national HIV/AIDS action plans. Efforts should be made to extend these activities to the informal sector.

Local production of pertinent pharmaceuticals should be encouraged.

The rural sector is particularly at risk because of high levels of illiteracy and poverty. The agricultural, livestock and fishing sectors should shoulder responsibilities, especially for education about HIV/AIDS, alongside the authorities in rural areas.

The military must confront the reality of high levels of HIV prevalence among soldiers, and take necessary steps to reduce transmission. Armies must provide for soldiers who are living with HIV. As disciplined national institutions, armies can take a leading role in HIV/AIDS control programmes. The military must take steps to eliminate the high level of sexual violence against women and girls, particularly during conflicts, and

ensure that those responsible are prosecuted and punished. Similar considerations apply to other uniformed services of the state including the police and prison service.

Commercial sex workers and women forced to engage in 'survival sex' should be protected by the law and law enforcement officers, and provided with education and access to condoms and medical facilities.

African research institutes should become actively engaged in research for improved treatments for HIV/AIDS and opportunistic infections, drawing inter alia on the expertise of traditional healers.

The media should have a crucial partnership role in public education and shaping attitudes. Information and communication technology can play an important role in national, regional and global transmission of information.

Artists and cultural leaders can play key roles in influencing public attitudes and can serve as role models.

3.8 People living with HIV/AIDS must be involved in national policymaking and implementation in a meaningful manner.

3.9 Governments have a responsibility to improve capacities wherever needed for the campaign against HIV/AIDS. This includes their own effectiveness and accountability, so as to be able to fulfil their commitments to their citizens, and to be able to receive and dispense international assistance rapidly and efficiently. CSOs can play a vital role in monitoring government's performance.

3.10 Civil society organisations have taken the lead in many aspects of HIV/AIDS control. Their roles must be appreciated and supported. NGOs must hold themselves to high standards of accountability and transparency. The common position of African civil society organisations represented at the Forum is important and their Declaration is therefore appended in Annex II as an integral part of this statement.

3.11 Religious leaders and traditional leaders have immense influence over matters of personal morality and behaviour. They are encouraged to be far more active in removing the stigma of HIV/AIDS and in educating their congregations. Abstinence and fidelity would, if followed, prove an effective means of preventing HIV transmission. Religious values such as care for the stricken, tolerance and inclusion can assist in the campaign against HIV/AIDS.

3.12 Development and economic planning must play a crucial role in reducing vulnerability to HIV/AIDS, by means of promoting sustainable livelihoods and employment and through poverty-reducing wealth creation.

4. Regional Leadership

4.1 Africa's HIV/AIDS pandemic knows no geographic, economic or social boundaries. It demands action at a continental level and leadership from Africa's regional and subregional organisations.

4.2 Much can be learned from successful examples of the containment of the HIV/AIDS pandemic in different countries in Africa. The regular sharing of experiences and the provision of technical advice from elsewhere in Africa are tools towards adopting best practices across the continent.

4.3 Essential and comprehensive care and treatment for people living with HIV/AIDS is required. A continental strategy to ensure the affordable provision of essential anti-retroviral drugs and treatments for opportunistic infections is needed very rapidly. This requires a determined pan-African strategy in partnership with international donors and pharmaceutical companies.

4.4 The International Partnership against AIDS in Africa has been established to develop a more conducive framework for true partnerships and better coordination among key stakeholders at all levels. It is intended to assist in providing the much-need additional resources, technical support, information sharing and coordination of donor efforts, under the leadership of African governments. The IPAA should be fully implemented.

4.5 Peace is an essential pre-requisite for effective programmes against HIV/AIDS. The extent of ongoing war in Africa seriously undermines any realistic programmes to combat HIV/AIDS in the affected areas. It is therefore imperative that African governments and regional and subregional organisations take decisive steps to create and maintain peace and security and promote democratisation as a means of facilitating conflict resolution.

4.6 Long-distance migration, mobility, displacement and refugee flows are risk factors for HIV/AIDS that demand inter-state cooperation to develop and implement policies against HIV/AIDS. Policies and programmes aimed at migrant, mobile and displaced populations should be developed and implemented. However, no measures should be implemented that curtail freedom of movement.

5 International Partnership

5.1 An estimated US$3 billion is now required annually to contain the HIV/AIDS pandemic, including prevention, treatment, community support, research, training and surveillance. This may soon rise to as much as US$ 10 billion if anti-retroviral treatments are made available to all PLWAs. These resources are available, nationally, regionally and globally.

5.2 The first source for resource commitment must be domestic. In the framework of multi-sectoral strategies, adequate provision for HIV/AIDS programmes should be prominently reflected in every ministerial budget. Certain national leaders have committed themselves to putting their nations on a 'war

footing'. In resource terms, this implies spending more on combating HIV/AIDS than on peacetime defence expenditure.

5.3 This also requires mobilisation of resources from every possible source such as the domestic private sector and community resources.

5.4 Foreign donors and international financial institutions must greatly increase their financial commitments to HIV/AIDS and development programmes. This assistance, wherever possible, should be in the form of grants, not loans, and should benefit from expedited procedures.

5.5 A substantial reduction in the prices of anti-retroviral drugs and treatments for opportunistic infections is required. African governments, donors and international financial institutions must work in partnership to reduce the prices of drugs to a level commensurate with their production costs.

5.6 International research efforts to develop vaccines against HIV and treatments for AIDS and opportunistic infections should be substantially increased, and carried out in partnership with African communities and research institutes, ensuring that resulting benefits reach Africa.

5.7 There is a need for an international code of good practice to be developed and utilised to safeguard and guarantee the rights of workers with HIV/AIDS, and to specify the responsibilities of employers. The ILO should provide support and technical assistance to employers' and workers' organisations and to labour ministries to strengthen their capacity for the effective implementation of national action plans and policies. Recognising the importance of this, the Conclusions and Recommendations of the ILO Pre-forum Tripartite Event are appended as Annex IV, as an integral part of this statement.

5.8 Debt relief is an important source for both money and political commitment, and as a means of mainstreaming HIV/AIDS programming into development and poverty reduction policies. The HIPC programme of debt reduction should be expanded and accelerated particularly where resources will be re-channeled to HIV/AIDS and poverty reduction.

5.9 Other sources of finance such as corporations and foundations, and innovative ways of generating revenue, should also be sought.

5.10 The African diaspora is an important source of resources, expertise and networks that can be utilised as part of a true and effective partnership. Therefore, African governments should take specific steps to scale up existing diaspora initiatives, understand the full dimension of this group and extend this support into new areas of priority. Dialogue needs to commence as an urgent priority to encourage the diaspora community to raise funds, mobilise scientific resources and expertise and combine their strengths with emphasis on HIV/AIDS.

5.11 International assistance efforts should be coordinated, transparent and accountable. Mechanisms to ensure the quick, effective, direct and accountable delivery of resources to local groups and programmes will be required.

The HIV/AIDS pandemic is manageable. With the required political commitment, provision of resources, and strategies that include all stakeholders as valued partners, the HIV/AIDS pandemic can be rolled back and contained. The experience of certain African countries shows that this is achievable. What has been accomplished must be sustained and spread across the entire continent. Africa's HIV/AIDS pandemic will be overcome at a continental level or not at all.

B. Plan of Action

1. At the National Level

1.1 Each country should hold a representative national workshop by mid-February 2001, to determine how the Consensus and Plan of Action of the ADF can be turned into action at the country level.

1.2 All governments should prepare reports for the Special Summit of the OAU on HIV/AIDS by mid-March. These should include concrete action on national initiatives at the highest level and resource allocation.

1.3 Civil society organisations, especially PLWAs and Youth, should strengthen their cooperation, evaluate their experience, and prepare for their contribution to the OAU Special Summit.

1.4 By the end of 2001, each country should ensure that it has in place a National AIDS Commission (or equivalent) and a strategic plan, backed up by appropriate legislation, modalities for the involvement of PLWAs and other stakeholders, and mechanisms for regular monitoring of progress.

2. At the Regional and Global Levels

2.1 Africa's Regional Organisations, spearheaded by the ECA, will ensure that the ADF Consensus and Plan of Action are kept high on the agendas for meetings of African leaders including Heads of State, at regional, subregional and supraregional levels (e.g. Organisation of the Islamic Conference). In view of a history of resolutions that were not implemented, it is essential that the commitments that are made henceforth are binding and are fully implemented in accordance with agreed action plans and timescales.

2.2 During 2001, subregional summits are urged to address the HIV/AIDS challenge as a matter of high priority. To this end, the official subregional organisations should similarly place HIV/AIDS as a top priority in their work.

2.3 At the ECA Conference of Planning and Finance Ministers (Algiers, 23-25 April 2001), the interweaving of Poverty Reduction, Debt Relief and HIV/AIDS strategies should be considered, and common positions on international resourcing for combating HIV/AIDS agreed upon.

2.4 The Special Summit of the OAU on HIV/AIDS and other communicable diseases, in Abuja, 25-27 April 2001, should be a pivotal event for the continental

campaign to overcome HIV/AIDS. This Consensus statement and Plan of Action should be presented to the Heads of State and Government Summit for their adoption and commitment to implementation. Civil society organisations, PLWA, youth and other stakeholders must be represented as participants.

2.5 The OAU Annual Summit in Lusaka in July 2001 should devote a special session to HIV/AIDS and request that the issue remain on the agenda for future summits, in which the Secretary General of the OAU will present a report on progress made in combating HIV/AIDS and challenges which require most urgent attention.

2.6 At the UN General Assembly Special Session on HIV/AIDS, in June 2001, African participants should present a common position based on this Consensus, and a common coordinated demand for international assistance, debt relief, and provision of affordable drugs.

2.7 At the UN General Assembly Special Session on Children in September 2001, it should be clearly stated that HIV/AIDS is the number one threat to Africa's children. In addition, it must be stated that there is a collective responsibility to ensure that the next generation of Africans does not have to face the scourge of the HIV/AIDS pandemic.

2.8 The UN Secretary General, in partnership with others, and with the close involvement of UNAIDS and ECA, should embark on a major fundraising campaign. Major private sector corporations, foundations and individual philanthropists should be invited to contribute to the initiative, which should be aimed at filling the funding gaps identified by UNAIDS. The campaign should be carried out in partnership with key African stakeholders, especially PLWAs, to encourage a global public response to Africa's HIV/AIDS pandemic.

2.9 The IPAA should take a lead, in partnership with African regional organisations, governments and civil society, in speedily implementing agreed commitments to bringing anti-retroviral and other AIDS treatments within reach of African people living with HIV/AIDS. The IPAA is invited to devise a mechanism of accountability for commitments made in this Consensus and follow-on meetings of African leaders and their partners.

2.10 NGOs and other advocacy forces in Africa and internationally are encouraged to organise a campaign, comparable to Jubilee 2000, aimed at pressuring pharmaceutical companies and financial institutions to make anti-retroviral drugs available at reasonable costs to treat all PLWAs in Africa.

2.11 The Youth Against AIDS Network should be encouraged to continue expanding its regional network of young Africans, building on existing structures and organisations. It is the view of the Forum that the YAAN must have appropriate financing to become a vibrant continent-wide network.

2.12 In addition to the above, mechanisms should be created so that recurrent reviews, sharing of best practices and peer review takes place at all required levels.

3. Communications from this Forum

3.1 The major presentations by notables attending the forum should be made widely available to African radio and TV services.